

BEFORE THE DIVISION OF INSURANCE

STATE OF COLORADO

Order No. O-11-165

AMENDED FINAL AGENCY ORDER

IN THE MATTER OF THE MARKET CONDUCT EXAMINATION OF HUMANA
INSURANCE COMPANY

Respondent

THIS MATTER comes before the Colorado Commissioner of Insurance ("Commissioner") as a result of a market conduct examination ("MCE") conducted by the Colorado Division of Insurance ("Division") of Humana Insurance Company ("Respondent"), pursuant to §§ 10-1-203, 10-1-204, 10-1-205 and 10-3-1106, C.R.S.,

The Commissioner has fully considered and reviewed the Market Conduct Examination Report ("Report") dated March 4, 2011, the relevant examiners' work papers, all written submissions and rebuttals provided by Respondent, and the recommendations of staff. The Commissioner initially entered a Final Agency Order ("FAO") O-11-147 dated May 4, 2011. The Commissioner now enters an Amended Final Agency Order ("Amended FAO") O-11-165 dated June 2, 2011.

Respondent requested additional time to implement revised forms under paragraph 19 and paragraphs 22 through 59. In response to the Respondent's request, the Commissioner agreed to issue the within Amended FAO amending, in some instances, the time for forms revision and compliance. **This Amended FAO issued, which is issued as an accommodation to the Respondent, shall not extend the time frames provided to file for review or appeal as set forth at § 10-1-205, C.R.S. Respondent's time frames for filing for review and appeal pursuant to § 10-1-205, C.R.S. shall continue to run from the May 4, 2011 date of the FAO.**

The Commissioner makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. At all relevant times during the examination, the Respondent was licensed by the Division to conduct business as a health insurer in the State of Colorado.

2. In accordance with §§ 10-1-203, 10-1-204, 10-1-205, 10-3-1106, and 10-16-416, C.R.S., on January 3, 2011, the Division completed a market conduct examination of the Respondent. The period of examination was July 1, 2007, through June 30, 2009.
3. In conducting the examination, the examiners observed those guidelines and procedures set forth in the 2010 Market Regulation Handbook adopted by the National Association of Insurance Commissioners. The Commissioner also employed other guidelines and procedures that he deemed appropriate, pursuant to § 10-1-204(1)(a), C.R.S.
4. The MCE was completed on January 3, 2011. Pursuant to § 10-1-205(2), no later than sixty days after completion of the examination, the examiner in charge filed with the Division a verified written report of examination under oath ("Report"). The Report was timely filed with the Division, under oath, on March 4, 2011. The Report was subsequently timely transmitted to Respondent on March 4, 2011.
5. Pursuant to § 10-1-205(1) the Report is comprised of only the facts appearing upon the books, records, or other documents of the Respondent, its agents or other persons who were examined concerning Respondent's affairs. The Report contains the conclusions and recommendations that the examiners find reasonably warranted based upon the facts.
6. As April 3, 2011 fell on a Sunday. Respondent timely filed written submissions and rebuttals to the Report as provided for at § 10-1-205(2), C.R.S., on April 4, 2011.
7. The Commissioner has fully reviewed and considered the Report, all of Respondent's submissions and rebuttals, including but not limited to the Respondent's April 4, 2011 response to the Report.
8. The examination has proceeded under the substantive terms, authority and procedures set forth at §§ 10-1-203, 204 and 205, C.R.S., as well as § 10-3-1106, C.R.S.
9. This examination was not conducted as an informal investigation of consumer complaints.
10. This examination was not conducted as a targeted on-site examination pursuant to § 10-1-212, C.R.S.

CONCLUSIONS OF LAW AND ORDER

11. Unless expressly modified in this Amended Final Agency Order, pursuant to § 10-1-205(3)(a), C.R.S., the Commissioner adopts the Report as filed.
12. The Commissioner modified and corrected the Report to accurately reflect it was authored on March 4, 2011. The Report transmitted to Respondent on March 4, 2011 contained a January 3, 2011 date on the cover page, the correspondence to the Commissioner, and on the last page of the Report. The January 3, 2011 date was the date of the completion of the examination and not the date the Report was filed with the Division
13. In addition to the correction set forth in paragraph 12 above, the language in the Report has been modified or corrected by the Commissioner, for both substantive and non-substantive purposes, pursuant to §10-1-205(3)(a), C.R.S., at the following pages and/or provisions:
 - a. Page 3, 4, 5, 6, 7, 8, 14, 19, 21, 22, 146, 212, 224, 229, 233 and
 - b. Recommendation Numbers 1 – 58 to provide for consistency and clarity.
14. The Commissioner adopted and attached the Report with specified modifications and corrections (“Modified Report”) and incorporated it.
15. The Commissioner found the Respondent is operating in violation of Colorado insurance law and hereby orders the Respondent to take necessary and appropriate action, as set forth herein, to cure such violations.
16. The Commissioner considered the options available under §10-1-205(3)(b) and (c), C.R.S. After full consideration the Commissioner did not reject the Report nor did the Commissioner direct the examiners to reopen the examination for the purposes of obtaining additional data, documentation, or information, or to refile the Report pursuant to subsection (1) of §10-1-205, C.R.S. The Commissioner finds an investigatory hearing, pursuant to §10-1-205(3)(c), C.R.S., for the purposes of obtaining additional documentation, data, information, and testimony, is not warranted.
17. The Report provided Respondent with the opportunity to show cause as to why it should not be found in violation of the Colorado insurance laws and/or regulations for all issues identified below. Respondent provided its response on April 4, 2011. The Commissioner hereby orders Respondent to cure the violations set forth below in the time frame and manner set forth below.
18. Issue A1 concerns the following: Failure, in some instances, to maintain records required for market conduct purposes. This failure constitutes a violation of Colorado Insurance Regulation 1-1-7. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has revised its processes and procedures to ensure that all

future records required for market conduct purposes are retained and can be provided within the time-frames required by Colorado insurance law.

19. Issue A2 concerns the following: Certifying and Using Non-Compliant Forms. *(This was prior issue A1 in the findings of the 2002 final examination report.)* This failure constitutes a violation of § 10-3-1104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected its procedures to ensure that all forms issued or delivered to Colorado insureds comply with statutory mandates as certified to by an officer of Humana. Providing the Division with a copy of the form that will actually be utilized on the next renewal date shall be considered acceptable written evidence.

In the market conduct examination for the period January 1, 2002 through December 31, 2002, Humana was cited for certifying forms that did not comply with Colorado insurance law. The violation resulted in Recommendation #9 of Final Agency Order O-04-056 that Humana should ensure that written evidence of coverage forms issued or delivered to Colorado insureds comply with statutory mandates as certified by an officer of Humana. Failure to comply with the previous order of the Commissioner may constitute a willful violation of § 10-3-1104, C.R.S.

20. Issue A3 concerns the following: Failure to maintain a document meeting the requirements and definition of an Access Plan. This failure constitutes a violation of § 10-16-704, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has implemented procedures to ensure that it maintains an Access Plan, which meets the definition required by Colorado insurance law, for each managed care network plan that the carrier offers in the state.
21. Issue C1 concerns the following: Failure to maintain a complete record of all complaints received. This failure constitutes a violation of § 10-3-1104, C.R.S. and Colorado Insurance Regulations 4-2-17 and 6-2-1. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has corrected its procedures to ensure that a complete record of all complaints is maintained by making a complaint record entry for all written requests for a first level review and for any requests for a voluntary second level review as required by Colorado insurance law.
22. Issue E1 concerns the following: Failure to reflect coverage for early intervention services in individual and small group plans. This failure constitutes a violation of §10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect the mandatory coverage for early intervention services as required by Colorado

insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated coverage for early intervention services is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

23. Issue E2 concerns the following: Failure to indicate mammograms and prostate screening not covered in basic limited mandate health benefit plans. This failure constitutes a violation of Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has implemented procedures to ensure that only correct benefits are reflected in its Basic Limited Mandate Health Benefit Plans as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
24. Issue E3 concerns the following: Failure to correctly title the Basic Health Benefit Plans as "Limited Mandate" plans. This failure constitutes a violation of Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has identified each of its limited mandate plans with the correct plan design option as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
25. Issue E4 concerns the following: Failure to reflect correct annual maximum for durable medical equipment in the Basic PPO Limited Mandate Health Benefit Plan. This failure constitutes a violation of Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect correct benefits for durable medical equipment as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5,

2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

26. Issue E5 concerns the following: Failure to exempt child health supervision services from a deductible when services are provided by a non-network provider. This failure constitutes a violation of § 10-16-104, C.R.S., and Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect that a deductible is not to be applied prior to application of the coinsurance if preventive care services for children are provided by a non-preferred provider as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that a deductible is not being applied prior to application of the coinsurance if preventive care services for children are provided to policyholders by a non-preferred provider. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
27. Issue E6 concerns the following: Failure to reflect that preauthorization is the sole responsibility of the participating provider. This failure constitutes a violation of § 10-16-705, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect that preauthorization for services is the sole responsibility of the provider and that any penalty is not placed on the covered person as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that policyholders have been informed that preauthorization for services is the sole responsibility of the provider and that any penalty is not placed on the covered person. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
28. Issue E7 concerns the following: Failure, for a period of time, to reflect correct out-of-pocket annual maximums in the Standard Indemnity Health Benefit Plan. This failure constitutes a violation of Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected

all applicable forms to reflect correct out-of-pocket annual maximum amounts as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

29. Issue E8 concerns the following: Failure to reflect a complete and correct description of when pre-existing condition exclusions apply. This failure constitutes a violation of § 10-16-118, C.R.S. and Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect a complete and correct description of when pre-existing condition exclusions apply as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
30. Issue E9 concerns the following: Failure to reflect correctly the extent of coverage to be provided for home health services and hospice care. This failure constitutes a violation of § 10-16-104, C.R.S. and Colorado Insurance Regulation 4-2-8. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect the complete and correct extent of coverage to be provided for home health services and hospice care as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that correct coverage for home health services and hospice care is being provided to policyholders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
31. Issue E10 concerns the following: Failure to reflect in the Basic and Standard Plans a correct definition of and the coverage to be provided for emergency care. This failure constitutes a violation of Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms with regard to the definition of emergency care and the guidelines under which it is to be covered as required by Colorado insurance law. . Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the correct coverage for emergency care is being provided to its policy holders. No

later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

32. Issue E11 concerns the following: Failure to provide reimbursement for covered services when lawfully performed by a licensed provider that either resides in the insured's home or who is a family member. *(This was prior Issue E6 in the final 2002 examination report)*. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to remove the exclusion reimbursing licensed providers who are family members or reside in the covered person's home and to update the definition of "Health Care Practitioner" as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that reimbursement for covered services when lawfully performed by a licensed provider that either resides in the insured's home or who is a family member is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

In the market conduct examination for the period January 1, 2002 through December 31, 2002, Humana was cited for failure to provide benefits for covered services when lawfully performed by a licensed provider that either resided in the insured's home or who was a family member. The violation resulted in Recommendation #15 of Final Agency Order O-04-056 that Humana should ensure that it revised all affected forms to eliminate exclusions for covered services when provided by a licensed provider who resided in the home of the covered person or who was a family member. Failure to comply with the previous order of the Commissioner may constitute a willful violation of § 10-3-1104, C.R.S.

33. Issue E12 concerns the following: Failure, in some instances, to reflect correct or complete outpatient coverage benefits to be provided for treatment of alcoholism. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms with regard to the outpatient benefits to be provided for treatment of alcoholism as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011,

the Company shall provide written evidence that correct and complete outpatient benefits for the treatment of alcoholism are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

34. Issue E13 concerns the following: Failure, in some instances, to reflect correct requirements for emergency admission notification. This failure constitutes a violation of § 10-16-704, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to be in compliance with Colorado insurance law with regard to notification requirements for emergency admissions. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that it is correctly notifying policyholders of the requirements for emergency admission. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
35. Issue E14 concerns the following: Failure, in some instances, to reflect correct benefits for mammograms. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect correctly the benefits to be provided for mammography as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated benefits for mammograms are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
36. Issue E15 concerns the following: Failure, in some instances, to allow for other single and multi-organ transplants not specifically listed if they are determined to be medically necessary and meet clinical standards for the procedure. This failure constitutes a violation of Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all

applicable forms to indicate that single and multi-organ transplants other than those specifically listed may be covered if they are medically necessary and meet clinical standards for the procedure as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated single and multi-organ transplants not specifically listed if they are determined to be medically necessary and meet clinical standards for the procedure are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

37. Issue E16 concerns the following: Failure, in some instances, to reflect correct pre-existing condition limitations. This failure constitutes a violation of §§ 10-16-118 and 10-16-214, C.R.S. and Colorado Insurance Regulation 4-2-18. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect a correct description of pre-existing condition limitations as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the correct pre-existing condition limitations are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
38. Issue E17 concerns the following: Failure to reflect correct "absence from work" termination of coverage provisions in Basic and Standard plans. This failure constitutes a violation of §§ 10-16-108 and 10-16-201.5, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms with regard to the "Absence from Work" termination of coverage provisions as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the correct "absence from work" termination of coverage provisions are being applied to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

39. Issue E18 concerns the following: Failure, in some instances, to reflect the correct procedures for conducting utilization review. This failure constitutes a violation of § 10-16-113, C.R.S. and Colorado Insurance Regulation 4-2-17. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms with regard to correct procedures to be used for utilization review as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
40. Issue E19 concerns the following: Failure, in some instances, to allow coverage for hearing aids for dependent children under the age of eighteen (18) years. This failure constitutes a violation of § 10-16-104, C.R.S., and Colorado Insurance Regulations 4-2-30 and 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect that coverage is to be provided for hearing aids for dependent children under the age of 18 as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated coverage for hearing aids for dependent children under the age of eighteen (18) years is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
41. Issue E20 concerns the following: Failure, in some instances, to reflect correct coverage provisions for emergency care to be provided. This failure constitutes a violation of § 10-16-704, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect the correct coverage provisions for emergency care as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that mandated coverage provisions for emergency care is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

42. Issue E21 concerns the following: Failure, in some instances, to provide coverage for treatment or benefits as a result of attempted suicide or intentionally self-inflicted injury whether sane or insane. This failure constitutes a violation of § 10-16-102, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to provide coverage, as required by Colorado insurance law, for self-inflicted injuries, suicide, and attempted suicide for covered persons that are insane. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that mandated coverage for treatment or benefits as a result of attempted suicide or intentionally self-inflicted injury whether sane or insane is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
43. Issue E22 concerns the following: Failure, in some instances, to allow coverage to continue for an insured based solely on that individual's membership in the uniformed services of the United States. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to indicate, as required by Colorado insurance law, that coverage will not terminate based solely on an individual's membership in the uniformed services of the United States. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that coverage is not being terminated for any policy holder based solely on that individual's membership in the uniformed services of the United States. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
44. Issue E23 concerns the following: Failure to reflect all required disclosures in short-term limited duration health insurance applications. This failure constitutes a violation of § 10-16-102, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all short-term limited duration application forms to reflect complete information as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The

Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

45. Issue E24 concerns the following: Failure, in some instances, to reflect complete or correct benefits to be provided for child health supervision services. This failure constitutes a violation of § 10-16-104, C.R.S. and Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect complete and correct covered expenses for child health supervision services as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that complete and correct benefits for child health supervision services are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
46. Issue E25 concerns the following: Failure, in some instances, to reflect complete or correct benefits to be provided for prostate cancer screening. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect complete and correct covered expenses for prostate cancer screenings as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated benefits for prostate cancer screening are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
47. Issue E26 concerns the following: Failure, in some instances, to reflect the mandated coverage for cervical cancer vaccinations. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect coverage for cervical cancer vaccinations as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated benefits for cervical cancer vaccinations are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider

this submission as acceptable written evidence that the Company has corrected the form.

48. Issue E27 concerns the following: Failure, in some instances, to reflect the correct upper age limit for medically necessary therapy to be provided for congenital defects and birth abnormalities. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect the correct age limits for which therapies for congenital defects and birth abnormalities are to be provided for a covered child as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated benefits and correct upper age limit for medically necessary therapy for congenital defects and birth abnormalities are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
49. Issue E28 concerns the following: Failure, in some instances, to reflect that coverage is to be provided for replacement of prosthetic devices unless necessitated by misuse or loss. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect coverage for replacement of prosthetic devices as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated replacement of prosthetic device benefits are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
50. Issue E29 concerns the following: Failure, in some instances, to reflect correct or complete grievance and appeal procedures. This failure constitutes a violation of Colorado Insurance Regulations 4-2-17 and 4-2-21. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect complete and correct grievance and appeal procedures as required by Colorado insurance law. No later than July 5, 2011 the Company

shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

51. Issue E30 concerns the following: Failure, in some instances, to clearly reflect the mandated coverage for complications of pregnancy and childbirth. This failure constitutes a violation of § 10-16-104, C.R.S. and Colorado Insurance Regulation 4-2-6. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has corrected all applicable forms to reflect clearly the mandated coverage for complications of pregnancy. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated benefit for complications of pregnancy and childbirth is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
52. Issue E31 concerns the following: Failure to reflect correct coverage to be provided for newborns in a maternity rider. This failure constitutes a violation of § 10-16-104, C.R.S. and Colorado Insurance Regulation 4-6-5. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect correctly the coverage to be provided for newborns as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated new born benefits are being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
53. Issue E32 concerns the following: Failure, in some instances, to reflect correct out-patient benefits for mental illness. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect correctly the coverage to be provided for outpatient services for conditions arising from mental illness as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that the mandated out-patient benefits for mental illness are

being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

54. Issue E33 concerns the following: Failure to disclose counties of the state where there are no participating providers and to disclose in bold-faced type the disclosure concerning balance billing. This failure constitutes a violation of § 10-16-704, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect required disclosures concerning "counties with no participating providers" and "balance billing", as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that it has a means to inform policy holders as to which Colorado counties have no participating providers. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
55. Issue E34 concerns the following: Failure, in some instances, to reflect the correct provisions under which coverage is to be provided for newborns. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect the correct provisions under which coverage is to be provided for newborns as required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
56. Issue E35 concerns the following: Failure, in some instances, to reflect correctly or completely required provisions that are substantially the same, more favorable or at least as favorable to the insured persons and more favorable to the policyholder. This failure constitutes a violation of §§ 10-16-202 and 10-16-214, C.R.S. and Colorado Insurance Regulation 4-2-17. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to correctly and completely reflect the provisions required by Colorado insurance law. No later than July 5, 2011 the Company shall provide the

Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

57. Issue E36 concerns the following: Failure, in some instances, to reflect that physical, occupational and speech therapy are a covered benefit without regard as to whether the purpose of the therapy is to maintain or to improve functional capacity. This failure constitutes a violation of § 10-16-104, C.R.S. and Colorado Insurance Regulation 4-2-8. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect that physical, occupational and speech therapy are covered benefits without regard as to whether the purpose of the therapy is to maintain or to improve functional capacity as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that therapy for physical, occupational and speech therapy without regard as to whether the purpose of the therapy is to maintain or to improve functional capacity is being provided to its policy holders. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
58. Issue E37 concerns the following: Failure to reflect in a Colorado Rider that if prior authorization is obtained, inpatient hospitalization is to be covered for dental care procedures provided to dependent children who meet certain criteria. This failure constitutes a violation of § 10-16-104, C.R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised its Colorado Rider and any other applicable forms to reflect that inpatient hospitalization for dental procedures for dependent children meeting certain criteria is a covered benefit as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that mandated inpatient hospitalization for dental care for dependent children who meet certain criteria is being provided to its policy holders if prior authorization is obtained. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.

59. Issue E38 concerns the following: Failure, in some instances, to reflect acceptable reasons for termination of coverage. This failure constitutes a violation of § 10-16-201.5, C. R.S. No later than sixty (60) days from the date of Final Agency Order O-11-147, the Respondent shall provide written evidence to the Division that it has revised all applicable forms to reflect only valid reasons for terminating coverage as required by Colorado insurance law. Within sixty (60) days from the date of Final Agency Order O-11-147 dated May 4, 2011, the Company shall provide written evidence that policy holders are being terminated only for acceptable reasons. No later than July 5, 2011 the Company shall provide the Division with a copy of the corrected form that shall actually be utilized on all policies issued or renewed by the Company on or after July 5, 2011. The Division shall consider this submission as acceptable written evidence that the Company has corrected the form.
60. Issue F1 concerns the following: Failure to file or utilize rates filed with the Colorado Division of Insurance on individual policies as required by Colorado insurance law. This failure constitutes a violation of § 10-16-107, C.R.S., and Colorado Insurance Regulation 4-2-11. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has reviewed and modified its procedures to file or utilize rates filed with the Colorado Division of Insurance on Individual policies as required by Colorado insurance law.
61. Issue G1 concerns the following: Failure, in some instances, to define correctly a significant break in coverage. This failure constitutes a violation of § 10-16-118, C.R.S. and Colorado Insurance Regulation 4-2-18. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has implemented procedures for its application form to reflect the correct number of days for a significant break in coverage as required by Colorado Law.
62. Issue G2 concerns the following: Failure to reflect all required information in application forms concerning replacement of coverage. This failure constitutes a violation of Colorado Insurance Regulation 4-2-1. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has implemented procedures to ensure that all required information concerning replacement of coverage is reflected in its insurance application forms as required by Colorado insurance law.
63. Issue G3 concerns the following: Failure, in some instances, of proper use of underwriting criteria for small groups. This failure constitutes a violation of §§ 10-16-102 and 10-16-105, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has revised the eligibility documentation of all small groups as

required by Colorado insurance law.

64. Issue G4 concerns the following: Use of a group policy issued to the Employers Health Insurance Benefit Trust, a non-approved Trust, to offer conversion plans to eligible individuals. This failure constitutes a violation of § 10-16-214, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has discontinued use of the group policy issued to the Employers Health Insurance Benefit Trust to offer conversion plans to eligible individuals as required by Colorado insurance law.
65. Issue H1 concerns the following: Failure, in some instances, to provide written notice of the availability of small group coverage to business groups of one upon denial of coverage under an individual plan. This failure constitutes a violation of § 10-16-105.2, C.R.S., and Colorado Insurance Regulation 4-2-19. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it will provide written notice of the availability of small group coverage to business groups of one upon denial of coverage under an individual plan as required by Colorado insurance law.
66. Issue H2 concerns the following: Failure, in some instances, to reflect a definition of "significant break in coverage" on Certificates of Creditable Coverage. This failure constitutes a violation of § 10-16-118, C.R.S., and Colorado Insurance Regulation 4-2-18. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has corrected its practice and that there is a definition of "significant break in coverage" on its Certificates of Creditable Coverage, as required by Colorado insurance law.
67. Issue H3 concerns the following: Failure, in some instances, to return unearned premium to the insured but in no event more than forty-five days after the effective date of any notification of cancellation or termination or as otherwise established. This failure constitutes a violation of § 10-2-704, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has corrected its procedures for the return of unearned premium to the insured in no event more than forty-five (45) days after the effective date of any notification of cancellation or termination effected by the insurer, as required by Colorado insurance law.
68. Issue H4 concerns the following: Failure, in some instances, to offer to each member of terminating small groups a choice of the Basic or Standard Health Benefit Plan. This failure constitutes a violation of §10-16-108(4), C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has corrected

its small group procedures to offer employees of terminated group health plans the opportunity of conversion as required by Colorado insurance law.

69. Issue J1 concerns the following: Failure, in some instances, to pay, deny or settle claims within the time periods required by Colorado insurance law. This failure constitutes a violation of § 10-16-106.5, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has reviewed and modified its claims processing quality controls to ensure that all claims are adjudicated within the required time periods as required by Colorado insurance law.
70. Issue J2 concerns the following: Failure, in some instances, to properly investigate, adopt, and implement reasonable standards for the prompt resolution of medical payment claims and hold covered persons harmless for nonparticipating provider fees, as required by Colorado insurance law. This failure constitutes a violation of § 10-3-1104, C.R.S. and § 10-16-704, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has reviewed and modified its claims processing quality controls to ensure that all claims are properly investigated, and that the Respondent has adopted, and implemented reasonable standards for the prompt resolution of medical payment claims and holds covered persons harmless for nonparticipating provider fees, when required by Colorado insurance law.
71. Issue K1 concerns the following: Failure, in some instances, to provide a written notice to the covered person at least twenty (20) days prior to the scheduled review date. This failure constitutes a violation of § 10-16-113, C.R.S. and Colorado Insurance Regulation 4-2-17. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has implemented procedures to ensure that a physician shall consult with an appropriate clinical peer or peers, unless the reviewing physician is a clinical peer, evaluates all first level utilization reviews in accordance with Colorado law.
72. Issue K2 concerns the following: Failure, in some instances, to provide notification of the first level utilization review decision within the time period required by Colorado insurance law. This failure constitutes a violation of Colorado Insurance Regulation 4-2-17. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has revised its procedures to ensure that all first-level utilization reviews, notification of the review decision is provided within the time period required by Colorado law.
73. Issue K3 concerns the following: Failure, in some instances, to have first level review adverse determinations signed by a licensed physician. This failure

constitutes a violation of § 10-16-113, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has revised its first level review decision notification letter provided to the covered person and/or their representative(s), to include the physician signature as required by Colorado insurance law.

74. Issue K4 concerns the following: Failure to comply with the notification requirements pertaining to an External Review. This failure constitutes a violation of Colorado Insurance Regulation 4-2-21. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has revised its procedures comply with the notification requirements pertaining to an External Review as required by Colorado insurance law.
75. Issue K5 concerns the following: Failure, in some instances to include correct information regarding preauthorization in utilization review approval letters. This failure constitutes a violation of §§ 10-3-1104 and 10-16-704, C.R.S. No later than thirty (30) days from the date of this Final Agency Order, the Respondent shall provide written evidence to the Division that it has revised letter to ensure that there is no misunderstanding in the confirmation of the approval of preauthorization of services as required by Colorado insurance law.
76. The issues and violations described in paragraphs 15 through 76 above are grounds for penalties to be levied pursuant to § 10-1-205(3)(d), C.R.S. The Respondent shall pay a civil penalty to the Division in the amount of one hundred eighty-four thousand and no/100 dollars (\$184,000.00) for the cited violations of Colorado law. The \$184,000.00 penalty shall be assessed a surcharge of 10% of the penalty amount up to a maximum of \$7,500.00, pursuant to 24-34-108, C.R.S., for a total balance due of one hundred ninety-one thousand five hundred and no/100 dollars (\$191,500.00). This penalty and surcharge shall be due to the Division no later than thirty (30) days from the date of the May 4, 2011 Final Agency Order. This surcharge shall be used to fund the development, implementation and maintenance of a consumer outreach and education program.
77. Pursuant to § 10-1-205(4)(a), C.R.S., within sixty (60) days of the date of this Amended Final Agency Order, the Respondent shall file affidavits executed by each of its directors stating under oath that they have received a copy of the Modified Report, the May 4, 2011 Final Agency Order and this Amended Final Agency Order dated June 2, 2011, which incorporates the Modified Report.
78. This Amended Final Agency Order shall not prevent the Division from commencing future agency action relating to conduct of the Respondent not specifically addressed in the Report, or the Modified Report, not resolved according to the terms and conditions in this Amended Final Agency Order, or

occurring before or after the examination period. Failure by the Respondent to comply with the terms of this Amended Final Agency Order may result in additional actions, penalties and sanctions, as provided for by law.

79. Copy of the Modified Report and this Amended Final Agency Order will be made available to the public no earlier than thirty (30) days after the date of the initial Final Agency Order, subject to the requirements of § 10-1-205, C.R.S.
80. Pursuant to § 10-1-205(4)(a), C.R.S., this Amended Final Agency Order shall be considered a final agency decision. Review of such decision may be sought in the district court in and for the city and county of Denver and shall be governed by the "State Administrative Procedure Act," article 4 of title 24, C.R.S. The time frames from which review dates shall be calculated shall be that of the FAO dated May 4, 2011.
81. Pursuant to § 10-1-205(4)(e), C.R.S., the civil penalty assessed in this Amended Final Agency Order may be appealed directly to the court of appeals within the applicable time frames of the Colorado Appellate Rules. The time frames from which appeal dates shall be calculated shall be that of the FAO dated May 4, 2011.

WHEREFORE: It is hereby ordered that the findings of facts and conclusions of law contained in the Modified Report, are hereby adopted and filed and made an official record of this office, and the within Amended Final Agency Order incorporating the Modified Report is hereby approved and effective this 2nd day of June, 2011.


John J. Postolowski
Interim Commissioner of Insurance

CERTIFICATE OF MAILING

I hereby certify that on the 2nd day of June, 2011, I caused to be deposited the **AMENDED FINAL AGENCY ORDER NO. O-11-165 IN THE MATTER OF THE MARKET CONDUCT EXAMINATION OF HUMANA INSURANCE COMPANY**, in the United States Mail via certified mailing with postage affixed and addressed to:

Mr. Michael B. McCallister, President
Humana Insurance Company
1100 Employers Boulevard
DePere, WI 54115



Eleanor Patterson
Market Regulation Administrator
Division of Insurance